

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39708

State File No. _____
Registrar's No. 352

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>352</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (If this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brashear</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Griffin Smith Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TRA</u>		b. (Middle) <u>PEARL</u>		c. (Last) <u>PATTERSON</u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>15</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>August 23, 1888</u>	
9. AGE (In years last birthday) <u>62</u>		If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED MAIL CARRIER</u>		11. BIRTHPLACE (State or foreign country) <u>Brashear, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MERRITT PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy PERRY</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. INA PATTERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>RD</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ina Patterson, Brashear Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy, cerebral</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>334X</u> <u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Heart Disease</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-11-</u> , 19 <u>50</u> , to <u>12-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-15-</u> , 19 <u>50</u> , and that death occurred at <u>3:47A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12/15/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u>		24d. LOCATION (City, town, or county) (State) <u>Brashear Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-17-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0013

FEB 2 1961

Date Received: DEC 2
DISTRICT HEALTH OFFICE
District File Number
Date Filed: DEC 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Geo B Easley Jr

Licensed Embalmer No. *3755*

P. O. Address

Hurdland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.